

| | | | |
|---------------------------------|---|-------------------------------|-----------------------|
| <i>SERFF Tracking Number:</i> | <i>SNLF-127207396</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Sun Life Assurance Company of Canada</i> | <i>State Tracking Number:</i> | <i>49292</i> |
| <i>Company Tracking Number:</i> | <i>SUCCESSION OF HEIRS</i> | | |
| <i>TOI:</i> | <i>L04G Group Life - Term</i> | <i>Sub-TOI:</i> | <i>L04G.500 Other</i> |
| <i>Product Name:</i> | <i>Group Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>Succession of Heirs/</i> | | |

Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Term Life

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: SNLF-127207396 State: Arkansas

SERFF Status: Closed-Approved-Closed
Closed

Co Tr Num: SUCCESSION OF HEIRS State Status: Approved-Closed

Reviewer(s): Linda Bird
Disposition Date: 07/18/2011

Authors: James Crowley, Sandra Silcott, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Frank Jancura

Date Submitted: 07/13/2011 Disposition Status: Approved-Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name: Succession of Heirs

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 07/18/2011

State Status Changed: 07/18/2011

Created By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

RE: SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC #: 80802; FEIN: 38-1082080

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lori Chilcote

Forms 93P-LH-BENE; 93C-LH-BENE; 98P-ADD-BENE; 98C-ADD-BENE

| | | | |
|--|---|-------------------------------|-----------------------|
| <i>SERFF Tracking Number:</i> | <i>SNLF-127207396</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Sun Life Assurance Company of Canada</i> | <i>State Tracking Number:</i> | <i>49292</i> |
| <i>Company Tracking Number:</i> | <i>SUCCESSION OF HEIRS</i> | | |
| <i>TOI:</i> | <i>L04G Group Life - Term</i> | <i>Sub-TOI:</i> | <i>L04G.500 Other</i> |
| <i>Product Name:</i> | <i>Group Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>Succession of Heirs/</i> | | |
| Group Policy and Certificate Amendments | | | |

Dear Commissioner:

We are submitting the forms listed above for review and approval for use by Sun Life Assurance Company of Canada. These forms are new and not intended to replace any other forms currently in use.

Forms 93P-LH-BENE and 93C-LH-BENE will be used with group policy and certificate forms 93P-LH and 93C-LH, previously approved by your Department on January 13, 1993.

Forms 98P-ADD-BENE and 98C-ADD-BENE will be used with group policy and certificate forms 98P-ADD and 98C-ADD, previously approved by your Department on July 1, 1998.

We are adding an optional succession of heirs beneficiary designation to the payment of claims of provision.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. Any items intended to be variable are bracketed. An Explanation of Variable parameters is enclosed.

Attached to this filing are any applicable state required fees, transmittal forms, and certifications.

If you have any questions or comments regarding this submission, please contact me.

Company and Contact

Filing Contact Information

| | |
|--------------------------------------|---------------------------------|
| James Crowley, Compliance Consultant | James.Crowley@sunlife.com |
| 175 Addison Road | 800-451-2513 [Phone] 1310 [Ext] |
| P.O. Box 725 | 860-737-6598 [FAX] |
| Windsor, CT 06095-0725 | |

Filing Company Information

| | | |
|--------------------------------------|-------------------------|-----------------------------|
| Sun Life Assurance Company of Canada | CoCode: 80802 | State of Domicile: Michigan |
| 175 Addison Road | Group Code: 549 | Company Type: |
| Windsor, CT 06095 | Group Name: | State ID Number: |
| (860) 737-1000 ext. [Phone] | FEIN Number: 38-1082080 | |

SERFF Tracking Number: SNLF-127207396 State: Arkansas
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 49292
Company Tracking Number: SUCCESSION OF HEIRS
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life
Project Name/Number: Succession of Heirs/

Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation: \$50/form x 4 forms = \$200
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|----------|----------------|---------------|
| Sun Life Assurance Company of Canada | \$200.00 | 07/13/2011 | 49755589 |

| | | | |
|---------------------------------|---|-------------------------------|-----------------------|
| <i>SERFF Tracking Number:</i> | <i>SNLF-127207396</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Sun Life Assurance Company of Canada</i> | <i>State Tracking Number:</i> | <i>49292</i> |
| <i>Company Tracking Number:</i> | <i>SUCCESSION OF HEIRS</i> | | |
| <i>TOI:</i> | <i>L04G Group Life - Term</i> | <i>Sub-TOI:</i> | <i>L04G.500 Other</i> |
| <i>Product Name:</i> | <i>Group Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>Succession of Heirs/</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Linda Bird | 07/18/2011 | 07/18/2011 |

| | | | |
|---------------------------------|---|-------------------------------|-----------------------|
| <i>SERFF Tracking Number:</i> | <i>SNLF-127207396</i> | <i>State:</i> | <i>Arkansas</i> |
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| <i>Product Name:</i> | <i>Group Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>Succession of Heirs/</i> | | |

Disposition

Disposition Date: 07/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|---|-------------------------------|-----------------------|
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| <i>TOI:</i> | <i>L04G Group Life - Term</i> | <i>Sub-TOI:</i> | <i>L04G.500 Other</i> |
| <i>Product Name:</i> | <i>Group Term Life</i> | | |
| <i>Project Name/Number:</i> | <i>Succession of Heirs/</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Statement of Variables | | Yes |
| Form | Policy Amendment | | Yes |
| Form | Certificate Amendment | | Yes |
| Form | Policy Amendment | | Yes |
| Form | Certificate Amendment | | Yes |

SERFF Tracking Number: SNLF-127207396 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 49292

Company Tracking Number: SUCCESSION OF HEIRS

TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other

Product Name: Group Term Life

Project Name/Number: Succession of Heirs/

Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|-------------|--|---------|----------------------|-------------|------------------|
| | 93P-LH-BENE | Policy/Cont | Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 53.300 | 93P-LH-BENE.pdf |
| | 93C-LH-BENE | Certificate | Certificate Amendmen Amendment t, Insert Page, Endorseme nt or Rider | Initial | | 53.100 | 93C-LH-BENE.pdf |
| | 98P-ADD-BENE | Policy/Cont | Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider | Initial | | 53.600 | 98P-ADD-BENE.pdf |
| | 98C-ADD-BENE | Certificate | Certificate Amendmen Amendment t, Insert Page, Endorseme nt or Rider | Initial | | 53.400 | 98C-ADD-BENE.pdf |

**SUN LIFE ASSURANCE COMPANY OF CANADA
POLICY AMENDMENT**

Policyholder: ¹[ABC Company]

Policy Number: ²[12345]

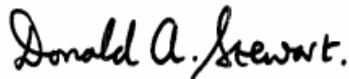
Effective ³[January 1, 2011], the above referenced policy is hereby amended by adding the following paragraphs to the Payment of Claims Provision:

⁴[Benefits, ⁵[other than Survivor Benefits], payable upon the death of the Employee are payable to the Beneficiary living at the time ⁶[(other than the Employer)]. Unless otherwise specified, if more than one Beneficiary survives the Employee, all surviving Beneficiaries will share equally. ⁷[If no Beneficiary is alive on the date of the Employee's death, payment will be made to the Employee's estate.]

⁸[If no Beneficiary is alive on the date the Employee's death or the Employee does not elect a Beneficiary, Sun Life, at its option, may make payments as follows:

- to the Employee's spouse, if living; or
- if there is no surviving spouse, to the Employee's surviving children in equal shares; or
- if there is no surviving spouse or children, to the Employee's surviving parents in equal shares; or
- ⁹[- if there is no surviving spouse, children or parents, to the Employee's surviving brothers and sisters in equal shares; or]
- ¹⁰[- if there is no surviving spouse, children, parents, brothers, or sisters, to the Employee's surviving grandparents in equal shares; or]
- if none of the above, to the Employee's estate.]

SUN LIFE ASSURANCE COMPANY OF CANADA



¹¹[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

CERTIFICATE AMENDMENT

Policyholder: ¹[ABC Company]

Certificate Number: ²[12345]

Effective ³[January 1, 2011], the above referenced certificate is hereby amended by adding the following paragraphs to the “Who are benefits payable to?” provision in the Claim Provisions:

⁴[Benefits, ⁵[other than Survivor Benefits,] payable upon your death are payable to your Beneficiary living at the time ⁶[(other than your Employer)]. You must name your Beneficiary on a form acceptable to Sun Life. Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. ⁷[If no Beneficiary is alive on the date of your death, payment will be made to your estate.]]

⁸[If no Beneficiary is alive on the date of your death or you do not elect a Beneficiary, Sun Life, at its option, may make payments as follows:

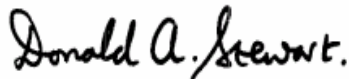
- to your spouse, if living; or
- if there is no surviving spouse, to your surviving children in equal shares; or
- if there is no surviving spouse or children, to your surviving parents in equal shares; or

⁹[- if there is no surviving spouse, children or parents, to your surviving brothers and sisters in equal shares; or]

¹⁰[- if there is no surviving spouse, children, parents, brothers or sisters, to your surviving grandparents in equal shares; or]

- if none of the above, to your estate.]

SUN LIFE ASSURANCE COMPANY OF CANADA



¹¹[Donald A. Stewart, Chief Executive Officer]

**SUN LIFE ASSURANCE COMPANY OF CANADA
POLICY AMENDMENT**

Policyholder: ¹[ABC Company]

Policy Number: ²[12345]

Effective ³[January 1, 2011], the above referenced policy is hereby amended by adding the following paragraphs to the Payment of Claims Provisions:

Benefits payable upon the death of the Employee are payable to the Beneficiary living at the time (other than the Employer). Unless otherwise specified, if more than one Beneficiary survives the Employee, all surviving Beneficiaries will share equally. ⁴[If no Beneficiary is alive on the date of the Employee's death, payment will be made to the Employee's estate.]

⁵[If no Beneficiary is alive on the date the Employee's death or the Employee does not elect a Beneficiary, Sun Life, at its option, may make payments as follows:
to the Employee's spouse, if living; or

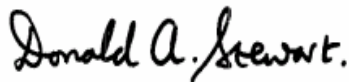
- if there is no surviving spouse, to the Employee's surviving children in equal shares; or
- if there is no surviving spouse or children, to the Employee's surviving parents in equal shares; or

⁶[- if there is no surviving spouse, children or parents, to the Employee's surviving brothers and sisters in equal shares; or]

⁷[- if there is no surviving spouse, children, parents, brothers or sisters, to the Employee's surviving grandparents in equal shares; or]

- if none of the above, to the Employee's estate.]

SUN LIFE ASSURANCE COMPANY OF CANADA



⁸[Donald A. Stewart, Chief Executive Officer]

SUN LIFE ASSURANCE COMPANY OF CANADA

CERTIFICATE AMENDMENT

Policyholder: ¹[ABC Company]

Certificate Number: ²[12345]

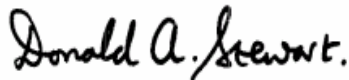
Effective ³[January 1, 2011], the above referenced certificate is hereby amended by adding the following paragraphs to the “Who are benefits payable to?” provision in the Claim Provisions:

Benefits payable upon your death are payable to the Beneficiary living at the time (other than your Employer). Unless you otherwise specify, if more than one Beneficiary survives you, all surviving Beneficiaries will share equally. ⁴[If no Beneficiary is alive on the date of your death, or you have not designated a beneficiary, payment will be made to your estate.]

⁵[If no Beneficiary is alive on the date the Employee’s death or the you do not elect a Beneficiary, Sun Life, at its option, may make payments as follows:

- to your spouse, if living; or
- if there is no surviving spouse, to your surviving children in equal shares; or
- if there is no surviving spouse or children, to your surviving parents in equal shares; or
- ⁶[- if there is no surviving spouse, children or parents, to your surviving brothers and sisters in equal shares; or]
- ⁷[- if there is no surviving spouse, children, parents, brothers or sisters, to your surviving grandparents in equal shares; or]
- if none of the above, to your estate.]

SUN LIFE ASSURANCE COMPANY OF CANADA



⁸[Donald A. Stewart, Chief Executive Officer]

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| SERFF Tracking Number: | SNLF-127207396 | State: | Arkansas |
| Filing Company: | Sun Life Assurance Company of Canada | State Tracking Number: | 49292 |
| Company Tracking Number: | SUCCESSION OF HEIRS | | |
| TOI: | L04G Group Life - Term | Sub-TOI: | L04G.500 Other |
| Product Name: | Group Term Life | | |
| Project Name/Number: | Succession of Heirs/ | | |

Supporting Document Schedules

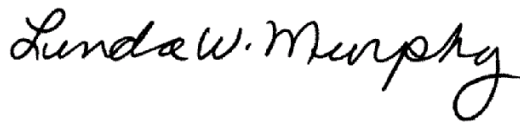
| | | Item Status: | Status Date: |
|----------------------------|------------------------|--------------|-----------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment: | | | |
| Readability Cert.pdf | | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | Application | | |
| Bypass Reason: | n/a | | |
| Comments: | | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Statement of Variables | | |
| Comments: | | | |
| Attachment: | | | |
| SOV-93P-LH-BENE, et al.pdf | | | |

SUN LIFE ASSURANCE COMPANY OF CANADA

Flesch Scale Readability Certification

This is to certify that the Form Numbers listed below have achieved the following Flesch Reading Ease Scores and comply with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| <u>Form Number</u> | <u>Flesch Readability Score</u> |
|---------------------------|--|
| 93P-LH-BENE | 53.3 |
| 93C-LH-BENE | 53.1 |
| 98P-ADD-BENE | 53.6 |
| 98C-ADD-BENE | 53.4 |



Linda Murphy
Associate Director

Date: July 11, 2011

Sun Life Assurance Company of Canada
Statement of Variability

Variables in the forms are identified by brackets ([]). The brackets are numbered to correspond to the number on the Statement of Variability.

Form 93P-LH-BENE

| Variable No. | Explanation of Variable |
|---------------------|---|
| 1 | Varies by Policyholder name. |
| 2 | Varies by the policy number to which the Amendment is attached. |
| 3 | The effective date varies by the effective date of the Amendment. |
| 4 | Included if the plan includes life and AD&D. |
| 5 | Included if the plan includes disability income with survivor income benefits. |
| 6 | Included at the option of the employer. |
| 7 | Included at the option of the employer. |
| 8 | Included at the option of the employer. |
| 9 | Included at the option of the employer. |
| 10 | Included at the option of the employer. |
| 11 | Officer's name and title may change to accommodate future changes in company personnel. |

Form 93C-LH-BENE

| Variable No. | Explanation of Variable |
|---------------------|---|
| 1 | Varies by Policyholder name. |
| 2 | Varies by the policy number to which the Amendment is attached |
| 3 | The effective date varies by the effective date of the Amendment. |
| 4 | Included if the plan includes life and AD&D. |
| 5 | Included if the plan includes disability income with survivor income benefits. |
| 6 | Included at the option of the employer. |
| 7 | Included at the option of the employer. |
| 8 | Included at the option of the employer. |
| 9 | Included at the option of the employer. |
| 10 | Included at the option of the employer. |
| 11 | Officer's name and title may change to accommodate future changes in company personnel. |

Form 98P-ADD-BENE

| Variable No. | Explanation of Variable |
|---------------------|---|
| 1 | Varies by Policyholder name. |
| 2 | Varies by the policy number to which the amendment is attached. |
| 3 | The effective date varies by the effective date of the Amendment. |
| 4 | Included at the option of the employer. |
| 5 | Included at the option of the employer. |
| 6 | Included at the option of the employer. |
| 7 | Included at the option of the employer. |
| 8 | Officer's name and title may change to accommodate future changes in company personnel. |

Sun Life Assurance Company of Canada
Statement of Variability

Form 98C-ADD-BENE

| Variable No. | Explanation of Variable |
|---------------------|---|
| 1 | Varies by Policyholder name. |
| 2 | Varies by the policy number to which the amendment is attached. |
| 3 | The effective date varies by the effective date of the Amendment. |
| 4 | Included at the option of the employer. |
| 5 | Included at the option of the employer. |
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| 8 | Officer's name and title may change to accommodate future changes in company personnel. |